

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/567350		FILING DATE		
APPLICANT(S)											
CLAIMS											
		AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT					
		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1									
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TOTAL IND.		2	↓		↓		↓		↓		↓
TOTAL DEP.		1	←		←		←		←		←
TOTAL CLAIMS		3									
51											
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TOTAL IND.			↓		↓		↓		↓		↓
TOTAL DEP.			←		←		←		←		←
TOTAL CLAIMS											

PTO - 1360 (REV. 11/04)

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